



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re F	Patent Application of	) BOX AF	-1					
suzu	KI et al.	) Group Art Unit: 1651	ECH (					
Applic	eation No.: 09/389,318	) Examiner: I. Marx	CENT					
Filed:	September 3, 1999	) )	出す					
For:	METHOD FOR PRODUCING HIGHLY UNSATURATED FATTY ACIDS AND LIPID CONTAINING SAME	) ) ) )	TECH CENTER 1600/2900					
	AMENDMENT AND REPLY	TRANSMITTAL LETTER						
	ant Commissioner for Patents ngton, D.C. 20231							
Sir:								
E	Enclosed is an Amendment and Reply for the above-identified patent application.							
[2	A Petition for Extension of Time is also	A Petition for Extension of Time is also enclosed.						
[	A Terminal Disclaimer and a check for [ ] \$55.00 (248) [ ] \$110.00 (148) to cover the requisite Government fee are also enclosed.							
	Also enclosed is a Notice of Appeal with	requisite fee						
[	] Small entity status is hereby claimed.	Small entity status is hereby claimed.						
[	Applicant(s) request continued examination under 37 C.F.R. § 1.114 and enclose the [] \$370.00 (279) [] \$740.00 (179) fee due under 37 C.F.R. § 1.17(e).							
	[ ] Applicant(s) previously submitted _ requested.	_, on, for which continued exam	ination is					
[	Applicant(s) request suspension of action by the Office until at least _, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.							
[	A Request for Entry and Consideration of (146/246) is also enclosed.							
[2	No additional claim fee is required.							

[ ] An additional claim fee is required, and is calculated as shown below:

to a second		AMENDED	CLAIMS		0.00
	No. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims	28	MINUS 29 =	-0-	× \$18.00 (103) =	-0-
Independent Claims	6	MINUS 6 =	-0-	× \$84.00 (102) =	-0-
If Amendment adds mu	ltiple depende	ent claims, add \$280	0.00 (104)		
Total Amendment Fee					
If small entity status is	claimed, subt	ract 50% of Total A	mendment Fe	e	
TOTAL ADDITIONA	L EER DUE	FOR THIS AMEN	DMENT		-0-

[	]	A claim fee in	he amount of \$	is enclosed
г	1	Charge \$	to Deposit Account N	lo. 02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

By:\_

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Date: October 19, 2001